WISCONSIN STATE LEGISLATURE COMMITTEE HEARING RECORDS

1997-98

(session year)

Senate

(Assembly, Senate or Joint)

Committee on Education (SC-Ed)

File Naming Example:

Record of Comm. Proceedings ... RCP

D5hr_AC-Ed_RCP_pt01a

05hr_AC-Ed_RCP_pt01b

> 05hr_AC-Ed_RCP_pt02

NOTICES ...

Committee Hearings ... CH (Public Hearing Announcements)

> **

Executive Sessions ... ES

> **

Committee Reports ... CR

> **

Record of Comm. Proceedings ... RCP

> **

INFORMATION COLLECTED BY COMMITTEE CLERK <u>FOR</u> AND <u>AGAINST</u> PROPOSAL

Appointments ... Appt

>97hr_SC-Ed_Appt_pt07

Name: Allen Knuth

> Clearinghouse Rules ... CRule

> **

Hearing Records ... HR (bills and resolutions)

> **

Miscellaneous ... Misc

> **



James R. Morgan Chairman Paul M. Holzem David L. McRoberts Robert G. Borgwardt Joanne R. Orr Dorothy C. Johnson

STATE OF WISCONSIN ETHICS BOARD

On the capitol square at:
44 EAST MIFFLIN STREET, STE 601
MADISON, WISCONSIN 53703-2800
phone: 608/266-8123
fax: 608/264-9309
ethics@mail.state.wi.us

Roth Judd Director

NOMINEE:

Allen J. Knuth

POSITION:

Member, Savings and Loan Review Board

(savings and loan rep)

STATUTORY

REFERENCE:

15.185 Department of financial institutions;

attached boards and offices.

(3) Savings and loan review board. There is created in the department of financial institutions a savings and loan review board consisting of 7 members, at least 5 of whom shall have not less than 10 years' experience in the savings and loan business in this state, appointed for staggered 4-

year terms.

Wisconsin Ethics Board 44 E. Mifflin St., Suite 601 Madison, WI 53703-2800 Fax: (608) 264-9309

Filed in 1998 for calendar year 1997

Print legibly in black ink or type

Statement of Economic Interests

NAME:

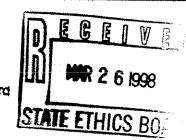
Knuth, Allen J.

Member.

STATE POSITION

Savings & Loan Review Board

HELD OR SOUGHT:



ABOUT THIS FORM: This Statement of Economic Interests has been prescribed by the Wisconsin Ethics Board pursuant to §19.44, Wisconsin Statutes. The Statement is divided into several parts. Most parts ask for information about you as well as immediate family members. The information requested concerns the previous calendar year and, for some items, requires a snapshot of economic interests held on a specified date.

Part 1 of this Statement asks you to identify your family's employers. Part 2 asks for information about your family's ownership interests in businesses and enterprises. Part 3 asks you to identify your family's real estate holdings. Part 4 asks you to identify certain of the clients, customers, and tenants of the businesses and real estate you listed in Parts 2 and 3. Part 5 asks you to identify sources from which you received business entertainment and other gifts. Part 6 asks you to identify sources from which you received honoraria or payment of expenses. Part 7 asks you to identify all other sources from which you or your family received income. Part 8 asks you to identify securities which your family owned either directly or indirectly. Part 9 asks you to identify certain organizations in which you or an immediate family member was an officer or director. Part 10 asks you to identify certain organizations of which you or your family was an authorized representative or legal agent. Finally, Part 11 asks you to identify certain of your family's creditors.

Complete each part of this Statement. If any item does not apply, check (/) the box marked "None or Not Applicable."

Attach additional pages if necessary.

Definitions: "Income" means gross income before deductions and depreciation, from whatever source derived, as defined by the Internal Revenue Code, but excludes dividends and interest. "Immediate family member" means your spouse, and any child, step-child, parent, or parent-in-law who receives more than one-half of his or her support from you or from whom you receive more than one-half of your support. A "lobbyist" is an individual whose duties include trying to influence legislation or administrative rules in Wisconsin by communicating with an elected state official, agency official, or legislative employee on another's behalf for pay.

- Questions about completing this form? Call (608) 266-8115.
- Other inquiries (608) 266-8123.

Part I. Employers.

List each employer from which you or an immediate family member received income of \$1,000 or more in 1997. You do not have to identify any source of income from which you or an immediate family member received less than \$1,000. You do not have to identify any employer who is an individual unless the income you or your family received came from the individual's operation of a business or the individual was a lobbyist.

Name of employer If State of Wisconsin, identify agency or institution)	City and state	General nature of business
Fox Valley Savings	Fond du Lac, WI	Savines & Loan
Manorcare Health Services	Fond du Lac, WI	Nursing Home

Part 2. Ownership interests in businesses.

List each partnership (general, limited or limited liability), corporation (regardless of tax status and including service corporations), proprietorship, limited liability company, firm, franchise, or other business or enterprise in which you or an immediate family member, directly or indirectly, separately or together, owned or controlled at least a 10% interest on December 31, 1997. Businesses can include farms, manufacturing companies, sales and service operations, real estate rental, and professional practices. If you or an immediate family member was self-employed, but did not operate under a business name, merely list the business's customers and clients in Part 4. If you or an immediate family member was engaged in renting real estate, but did not operate under a business name, merely list, in Part 3, the address of the real estate and, in Part 4, the commercial tenants.

Check (/) if None or I Name of business	City and state	General nature of business	Form of business of (service corporation, polynomial of C corporation, polynomial of C corporation, etc.)	subchapter
				·

For the businesses listed above, your identification must be sufficient to enable a person to identify: (a) for a corporation, its officers and directors; (b) for a limited liability company, its managers or members; and (c) for any other business, its owners. Because limited partnerships, limited liability companies, and corporations created or registered to do business in Wisconsin file this information with the Department of Financial Institutions as a matter of public record, no further information is required about them. For other types of businesses, identify the owners and partners below, or explain where such information is available as a public record.

Check (/) if None or N	os Applicable	
Business	Name of owners or partners	City and state

Part 3. Real estate.

Identify all real estate located in Wisconsin in which you or an immediate family member held at least a 10% interest valued at \$5,000 on December 31, 1997. Include real estate you or your family owned directly or through: (a) a partnership: (b) a corporation; (c) a trust; or (d) other enterprise. Do not list your principal residence unless you used it for the conduct of a business or for rental purposes.

Location of property	e Type of property	Nature of interest
(street address or fire number, municipality, and county)	(e.g., farm, recreational, commercial, rental)	(own, lease, option, easement, land contract)
Identify every source of income of \$1,00 a C corporation, and for every property and other source of income.	listed in Part & This mann i	
	encone on a ser p fifted litherity f	dentify each customer, client, tenan
		dentify each customer, client, tenan
Do not identify an individual unless th	e individual was a lobbyist.	dentify each customer, client, tenan
Do not identify an individual unless the four business received income from a thir a realtor, travel agent, or medical practice), I fou do not have to list:	e individual was a lobbyist. d-party payer (such as a fee, come ist the third-party payer as well as	dentify each customer, client, tenan ussion, or insurance payment received h the customer, client, or tenant
*Do not identify an individual unless the four business received income from a thir a realtor, travel agent, or medical practice), lead to not have to list: • a corporation's sources of income if the Internal Revenue Code	e individual was a lobbyist. d-party payer (such as a fee, commist the third-party payer as well as corporation was not a service co	dentify each customer, client, tenan ussion, or insurance payment received h the customer, client, or tenant. poration or an "S" corporation under th
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Do not identify an individual unless the four business received income from a thir a realtor, travel agent, or medical practice), I fou do not have to list: • a corporation's sources of income if the Internal Revenue Code • sources of income of a business in Pair	e individual was a lobbyist. d-party payer (such as a fee, commist the third-party payer as well as corporation was not a service co	dentify each customer, client, tenan ussion, or insurance payment received h the customer, client, or tenant. poration or an "S" corporation under th
Do not identify an individual unless the four business received income from a thir a realtor, travel agent, or medical practice), lead to do not have to list: - a corporation's sources of income if the Internal Revenue Code - accrete of income of a business in Pair received less than \$1,000. - an individual who was not a lobbyist	e individual was a lobbyist. d-party payer (such as a fee, commist the third-party payer as well as corporation was not a service cort 2 or property in Part 3 from wh	dentify each customer, client, tenan ussion, or insurance payment received h the customer, client, or tenant. poration or an "S" corporation under th

Part 5. Business entertainment and other gifts.

List all individuals and organizations from which you received, in 1997, entertainment or gifts having a total value of more than \$50. Include tickets to sporting or theatrical events, golfing fees, prizes, samples and promotional items, items from sales representatives or as part of business promotions, and similar items. You do not have to report gifts received by immediate family members if they were not intended for you. A "gift" includes any money, property, favor, service, entertainment, travel, or payment furnished without valuable consideration. A "gift" does not include political contributions reported to the Elections Board, or meals, beverages, or lodging that an individual offers as hospitality at his or her own expense, and not as a business expense, for reasons unrelated to your holding state public offics. You do not have to report gifts from your spouse, child, parent, brother, sister, grandchild, grandparent, aunt, uncle, niece, nephew, fiancé(e), parent-in-law, grandparent-in-law, brother-in-law, or sister-in-law.

of a talk, participation in a government or state agencie assess should be accounted for it you do not have to list informated it within 30 of you received it from a source it a matter of public record.	and payment of anization from which ying a total value of more to meeting, or for a published. However, you or an immediate the part 7. tion about lodging, transportage; (2) if you received it from the part 4; or applicable	py received, in 1997, than \$50, for attendant hed work about issues rediate family member retained, meals, money or the agency of which yell (4) if you already reported.	lodging, transportation, measure at a conference, presentations initiated by or affecting states were unrelated to state any other thing of pecuniary valuour state public office is a part; (and the payment to the Ethics Board
List each individual or organization in a supersea, or honoraria having a talk, participation in a provertiment or state agencie assues should be accounted for it fou do not have to list informately if you received it from a source is a matter of public record. Check (I) if None or Not	(anization from which ying a total value of more to meeting, or for a published. Honoracis you or an immore Part 7. tion about lodging, transportays; (2) if you received it from isted in Part 1 or Part 4; or Applicable	py received, in 1997, than \$50, for attendant hed work about issues rediate family member retained, meals, money or the agency of which yell (4) if you already reported.	re at a conference, presentation initiated by or affecting states converted that were unrelated to state any other thing of pecuniary value.
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f you received it from a source less a matter of public record. Check () if None or Not	ays; (2) if you received it fro issed in Part 1 or Part 4; or Applicable	om the agency of which you (4) if you already reports	
Payer			
	Approximate	Amount of	Circumstances
	value of expenses	honorarium	of receipt
Part 7. Other sour	ces of income.		
dentify any other sources, a ecsived income (other than a sported, Social Security paymen state, and the like. You do not ere required in return), or Wis	not previously identified dividends or interest) of (nts, retirement benefits, di have to list insurance bene consin Retirement Fund be	rectors' fees, commission efits, inheritances, schola	an immediate family membe. Include honoraria not elsewheres, proceeds from the sale of rearrhips (if no teaching or services to list proceeds from the sale of uals, unless the individual was a
Check (/) if None or Not	Applicable		
Source of incon			City and state
Fox Valley Savings -	- Directors Fame	***	ond du Lac, Wi

Name		Value \$50,000 or less	Value More than \$50,000
Lucent	Common Stock	X	
Tāta	Common Stock	X	
NCR	Common Stock	X	
Fox Valley Savings	Deferred Comp.	X	
Fox Valley Savings	IRA	X	
Fox Valley Savings	Vested Pension Plan		x
Fidelity	IRA-Contrafund M.F.	X	44
Fidelity	IRA-Blue Chip M.F.	X	
Fidelity	IRA Equ. Inc. M.F.	X	
Oakmark	IRA-International M.F.	X	
MFS	SEP-IRA-MIT Fund	X	
American	IRA-New Econ Murual Fund	X	
American	IRA-Sm. Cap. Murual Fund	X	
MFS	IRA-Emerging Growth Mutual Fund		
MFS	IRA-Research Mutual Fund	X	

Part 8. Stocks, bonds, mutual funds, and the like.

List securities, as explained below, that you and your immediate family owned on December 31, 1997 whose value was \$5,000 or more on that date.

List the following types of securities:

- · stocks
- · bonds
- · mutual funds
- · money market funds
- securities issued by the State of Wisconsin
- securities issued by governmental entities within Wisconsin
- · limited partnerships
- · commodity futures contracts

Do not list

- any security in which your family's interest was less than \$5,000 on December 31, 1997
- · savings accounts
- · checking accounts
- certificates of deposit
- · annuities
- " insurance contracts
- any security issued by the federal government or a government outside Wisconsin
- any security issued by an organization that does not do business in Wisconsin

Be sure to include securities held for you or your family in:

- · a deferred compensation plan, profit-sharing plan, or pension plan whose investments you or your family directs
- an individual retirement account (IRA)
- a corporation, partnership, or other entity which you or your family controls.

List the security by name. Be specific. For example, list "Fidelity Puritan Fund -- mutual fund" and "IBM Corporation -- stock." Do not list "deferred compensation plan" or "IRA" or "Merrill Lynch account," since these terms do not identify the actual underlying securities.

For each security you list, place a check in one of the columns at the right to indicate the value of your family's interest in the security on December 31, 1997.

—Check (✓) if None or Not Applicable

Name of security	Type of security	Value \$50,000 or less	Value More than \$50,000
See arrached			
		<u>.</u>	
			V4

Part 9. Offices and directorships.

List each business, labor union, association, cooperative, or other organization of which you or an immediate family member was, on December 31, 1997, an officer or director. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; or federal, state, or local governments or governmental agencies.

Check (✓) if None or Not Applicable

Business or organization	City and state	Position
Fox Valley Savings	Fond du Lac, WI	Chairman of the Board

Part 10. Representation of organizations.

List each business, labor union, association, cooperative, partnership, or other organization of which you or an immediate family member was, on December 31, 1997, an authorized representative or legal agent. List any organization which you or an immediate family member represented in the organization's dealings with others or on whose behalf you or an immediate family member was authorized to speak. Include business clients for which you or an immediate family member provided legal representation in dealings with other parties, organizations on whose behalf you or an immediate family member publicly appeared, and partnerships in which you or an immediate family member was a general partner. You do not have to identify any charitable organizations (entities to which a contribution is tax deductible); political organizations (entities whose primary purpose is to influence voting); non-profit social or community service organizations; trusts; federal, state, or local governments or governmental agencies; or organizations for which your efforts did not include representation to third parties. You do not have to list

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	City and state	ê	
	mmediate family members, individua h creditor listed, place a check in one siness creditors if you or an immediate fa armership debta.		
Creditor	City and state	Amount \$50,000 or less	Amount More than \$50,000
Fox Valley Savings	Fond du Lac, WI		· •
Various Credit Cards		x	<u>^</u>
art 12. Information as	of date office assumed.		
our pratement must identify significated of 1997 and the date of your appoint	ant changes in your economic interentment/nomination. List any reportable 3/2/98, and indicate the part to whi		between t

Daytime telephone number Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), Wisconsin Statutes, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected. Failure to file a completed form may result in a forfeiture of up to \$500.

Office Review

Date